

FILED

11/9/2010

HP

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JAMES BROOKS
3624 PEACH GROVE
HAZELCREST, IL 60429
(708)335-3217

Plaintiff(s)

v. PRairie PACKAGING INC
7200 S. MASON
BEDFORD PARK IL 60438

10CV6510
JUDGE CONLON
MAG. JUDGE COX

OCT 12 2010
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Defendant(s)

On June 18, 1999 I was injured in a work related accident, where my left hand was amputated, forearm and left shoulder was severely damaged. nothing has been done to help me. I was also diagnosed with Chronic hepatitis C during in October 2007. At this time the company had an agreement benefit package where I was entitled to all insurance paid by the company until age 65 and my minor children until age 26 as long as they were in school. Since June of 1999 the company was paying the insurance because I couldn't afford it. When the company was told they decided to terminate me and my insurance without cause because they said I was disable and unable to return to work. See info forwarded. A copy of benefit package is attached upon request.

James Brooks
(708) 335-3217

NOTICE OF TERMINATION

Date Printed: 03/02/2010



pactivadmin@aliquant.com
1-877-722-8481

JAMES BROOKS and eligible dependents, if any
3624 PEACH GROVE LN
HAZEL CREST, IL 60429

RE: NOTICE OF TERMINATION

Dear James Brooks:

Your benefits have been terminated effective 01/01/2010 - 12/31/2010 due to non-payment of premiums by the communicated payment due dates.

You have the right to request a review of the termination of your benefits within 60 days of the date of this letter. To request a review, please submit a letter and any supporting documentation to the:

Pactiv Benefits Center
600 Grant Street, Suite 5380
Pittsburgh, PA 15219

You will be notified in writing of the decision within 60 days of receipt of your request.

If you have any questions regarding your account, please contact the Pactiv Benefits Center at 1-877-722-8481 and follow the telephone prompts. Representatives are available to assist you Monday through Friday from 9 a.m. until 5 p.m. Eastern Time.

Sincerely,

Pactiv Benefits Center

PTV

aliquant®

Invoice

Invoice Number:	LOA00001
Date of Invoice:	02/03/2010
Due Date:	02/16/2010
Amount due:	\$433.71

000001

James Brooks and eligible dependents, if any
 3624 Peach Grove Ln
 Hazel Crest, IL 60429

Questions?
 1-877-722-8481
 Monday through Friday,
 9:00 a.m. to 5:00 p.m. (EST/EDT)

During your leave of absence, you are responsible for ensuring timely payment is made toward your elected coverage under the Pactiv Health & Welfare Benefit Program.

All payments are due by the Payment Due date as shown above. Detach the coupon shown at the bottom of this invoice and enclose your full payment as instructed below. **All payments must be made payable to Aliquant/Pactiv.**

- Partial payments will not be accepted and will be returned to you.
- Any payments returned by your bank will be considered "non-payment".
- Do not send cash.

If you fail to make timely payments toward your elected coverage, you will receive one final notice. Should your payment not be postmarked and received by the payment due date, your coverage will be terminated and COBRA will not be offered.

If you have questions on this invoice, please contact the Pactiv Benefit Center at 1-877-PACTIV1, Monday – Friday, 9 a.m. - 5 p.m. Eastern Time.

Summary of Charges

Current charges (see back for detailed charges)	\$433.71
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Total Payment Due	\$433.71
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Please detach along perforation and return this portion with your payment

Please send your full payment amount with this coupon to:

Aliquant Corporation
 c/o Webster Bank
 P.O. Box 150465
 Hartford, CT 06115-0465

Invoice Number:	LOA00001
Date of Invoice:	02/03/2010
Payment Due:	02/16/2010
Amount due:	\$433.71

- Please do NOT send cash.
- Payments should be made payable to Aliquant/Pactiv.
- Please remember to include your employee identification number or last four digits of your social security number on all checks and money orders.



US Steel Tower
600 Grant Street
Suite 5380
Pittsburgh, PA 15219
Phone 1-877-PACTIV1
Fax 203-783-0092

February 3, 2010

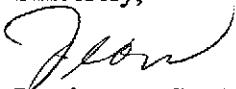
James Brooks
3624 Peach Grove Lane
Hazel Crest, IL 60429

Dear Mr. Brooks:

Enclosed please find your Leave of Absence invoice for February. The first three rows of deductions itemized on page 2 represent payroll period 3 for 2010, pay ending 1/23/2010. These are designated pre-tax deductions. The deductions itemized on rows 4-6 represent pay periods one and two for 2010. These are retro deductions that need to be made up because of the lapse in billing. They are designated as post-tax deductions.

If you have any questions, you can call 1-877-722-8481 and follow the telephone prompts to the Health and Insurance department. Representatives are available from 9 a.m. until 5 p.m. Eastern Time Monday through Friday to assist you.

Sincerely,

A handwritten signature in black ink, appearing to read "Jean".

Pactiv Benefits Center
1-877-722-8481

Prairie Packaging



March 1, 2010

Mr. Richard Cosentino
534 Deer Field Lane
New Lenox, IL 60451

Dear Mr. Cosentino:

As you may be aware Prairie Packaging Inc was acquired by Pactiv Corporation in June of 2007. Since that time Pactiv has been doing a thorough review and audit of all open and existing workers compensation cases as well as other Prairie processes. During a recent Pactiv audit it was discovered that your client, Mr. James Brooks, has been out of work on a worker's compensation medical leave since June of 1999.

As of our most recent medical update report from January 2010, Mr. Brooks was still not cleared to return to safe and effective work. In addition, we have not received any documentation from Mr. Brooks or his medical provider that would indicate he could return to safe and effective work now or in the future.

At this time we are requesting that Mr. Brooks provide to us with documentation by March 31, 2010 that can document and support that he is capable of returning to work in a safe and effective manner. If we do not receive documentation by the date specified above, termination of Mr. Brooks's employment will occur on May 3, 2010.

Upon termination of employment his health and welfare benefits provided by Pactiv Corporation will end. Please note this action does not under any circumstances affect or impact his ability to continue to receive workers compensation benefits he may be entitled to.

For all workers compensation questions and inquiries regarding Mr. Brooks case, please contact Thomas Ajay Alfred at (800)-730-9051, Ext 1926.

Sincerely,

A handwritten signature in black ink that appears to read "Thomas Cowser".

Thomas Cowser
Regional Human Resources Manager
Pactiv Corporation.

c: James Brooks
Thomas Ajay Alfred

FAX
(281) 969-8887